

## **Delaware Dealer Renewal Checklist**

### **Return with all renewal documents**

#### **All correspondence can be mailed to:**

Overnight: Delaware DMV, Dealer Renewals, 303 Transportation Circle, Dover, DE 19901

Postal Mail: Delaware DMV, Dealer Renewals, P O Box 698, Dover, DE 19903

If you have any additional questions, feel free to contact us at  
DOT\_MTRVDealerServicesHelpDesk@delaware.gov

- All renewals will be processed in the order in which they were received
- Between October & December the Division will not be able to give status updates on renewal applications
- There are no in-person renewals this year
- The use of the Print on Demand Temporary Tag System is mandatory for New and Used Dealers upon renewal (motorcycle and auction dealers are exempt)
- Any dealer renewals not submitted to our office prior to December 31, 2021 will result in your dealership being considered inactive by the Delaware Division of Motor Vehicles. You will not be able to issue/purchase temporary tags, dealer reassignments and/or secure power of attorney forms after January 10, 2022
- Renewal applications will not be accepted after March 1, 2022. Any dealer that has not applied for renewal or submitted an incomplete application for renewal prior to March 1, 2022 will no longer be considered a Delaware Dealer and will need to re-apply for a Delaware Division of Motor Vehicle Dealer License

**In order to renew your dealer license and plates, be sure to submit ALL of the following documents between the dates of October 1<sup>st</sup>, 2021 and December 30<sup>th</sup>, 2021.**

**Any incomplete renewals will be returned to the dealership**

**Photocopies of all documents must be made in advance and included in the renewal package when submitted**

For any handwritten (not print on demand) temporary tags, as a condition of your Delaware Dealer license, you must maintain and submit a dealership temporary tag record log with the pink copies of the temporary registration(s) as required by 21 Del.C. §2130(c). The log can be found on the dealer portal under forms. I verify that I understand this regulation. Signature of owner / officer \_\_\_\_\_

Which DMV facility would you like to pick up your completed renewal?

☐ Wilmington ☐ Delaware City ☐ Dover ☐ Georgetown

Check Renewal Period: ☐ One Year (1) OR ☐ Two Years (2)

☐ Photocopy of ALL owners' and/or officer's driver licenses in accordance with Del C §6302(c)

☐ Updated MV-26; Signature Authorization form

☐ Annual Report (included in renewal package, page 2)

☐ Photocopy of your valid Delaware Division of Revenue Motor Vehicle Dealer License.

\*Please note, Wholesale Dealers will need to provide both the Motor Vehicle Dealer License and Wholesaler License

☐ Photocopy of valid city business license if within city limits

☐ If office phone number has changed; please provide a copy of phone bill

☐ Proof of liability insurance

If you're dealership has dealer plates assigned; please provide a photocopy of the Certificate of Insurance stating the number of dealer plates covered by the policy or an insurance card listing the plate number(s) and the effective date of coverage. The dealership name and address must be listed on the insurance document(s)

☐ Proof of sales for the current year as required by law, Title 21 Section 2124 (f)

- **New and Used Dealers are required to provide the Gross Receipts Tax (GRT) form from the Division of Revenue from the last four quarters filed.**

Gross Receipts Taxes are required to be filed quarterly with the Division of Revenue

**New and Used Dealers – Gross Receipts Tax Requirements for Plate Renewals**

Must provide Gross Receipts Tax Form (GRT) from the Division of Revenue reflecting the number of vehicles quarterly gross receipt taxes have been paid on the last four quarters (Receipt must be provided)

0-1 Dealer Plates	5+ Sales
2 Dealer Plates	11+ Sales
3-4 Dealer Plates	26+ Sales
5-20 Dealer Plates	50+ Sales
21+ Dealer Plates	100+ Sales

**Note:** Every motor vehicle dealer is liable for a \$2 handling fee on the sale of each new or used motor vehicle, trailer, truck or motorcycle sold. The motor vehicle dealer handling fee is not imposed on the sale, transfer or registration of motor vehicles, trailers or motorcycles which are transferred for the purpose of resale. While these sales are exempt from the motor vehicle handling fee, such sales are subject to the wholesaler license fee and gross receipt tax.

**If you need assistance with the Gross Receipts Tax form, please contact the Division of Revenue at:**

New Castle County 302-577-8200

Kent County 302-744-1085

Sussex County 302-856-5358

**Or go to:**

<https://tax.delaware.gov> to view completed filings, to print and submit with your renewal package.



### Wholesale Dealers - Bill of Sale Requirements for Plate Renewals

Bill of sales must be from 2021 and at a minimum include the dealer's name, buyer's name, date of sale, vehicle information (including VIN), and buyer(s) & seller(s) signatures.

*\*Dealerships may be required to submit additional bill of sales in the event any are deemed to be incomplete*

0-1 Dealer Plates	5 Bills of Sale
2 Dealer Plates	11 Bills of Sale
3-4 Dealer Plates	26 Bills of Sale
5-20 Dealer Plates	50 Bills of Sale

- ☐ Signed & Notarized print on demand temporary tag system authorized personnel application (included in renewal package & on dealer portal)

### PAYMENT

Renewal fee for all dealer plates: \$10 per plate per year

If paying by check, please make check payable to DMV

If paying by credit card, please provide the following information:

☐ MasterCard ☐ American Express ☐ Discover ☐ Visa

Name on Credit Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

☐ If your dealership is no longer in business (not renewing your license), please sign and return the following items back to Dover Dealer Section:

Dealership Legal Name \_\_\_\_\_ Dealer # \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date Business Closed: \_\_\_\_\_

- All dealer tags assigned to your dealership OR a Police report is required for any tags considered lost/stolen Handwritten police reports are NOT accepted
- All unused Temporary Tags and/or All blank Temporary Tag Paper
- All unused Reassignments
- All unused Secure Power of Attorneys

# ANNUAL REPORT

## 2022 Dealer License Renewal

(must be returned with renewal package)

Please verify the information below. Any changes will require additional documentation. Do not make changes directly on this report.

If there are additional documents or signatures needed to complete the renewal, please list a contact person.

Contact Person Full Name: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Contact Person Email address: \_\_\_\_\_

Current Officers and Authorized Signers:

Our records indicate that you are doing business as:

Licensed as a \_\_\_\_\_ with license number \_\_\_\_\_ at the following address:

Dealer Plates (if applicable):

If your dealership is no longer in business (not renewing your license), please sign and return the following items back to Dover Dealer Section:

Dealership Legal Name: \_\_\_\_\_ Dealer # \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date Business Closed: \_\_\_\_\_

- All dealer tags assigned to your dealership OR a Police report is required for any tags considered lost/stolen. Handwritten police reports are NOT accepted
- All unused Temporary Tags and/or All blank Temporary Tag Paper
- All unused Reassignments
- All unused Secure Power of Attorneys

Revised 09/2021.

✓



## Print On Demand Temporary Tag System Authorized Personnel

Dealership Name \_\_\_\_\_ Dealership Number \_\_\_\_\_

The personnel noted below are employees, officers, or directors of the above dealership and are authorized to act on behalf of the dealership for purposes of accessing and issuing State of Delaware, Division of Motor Vehicles Print On Demand Temporary Tags.

*I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this Print On Demand Temporary Tag account access on behalf of the dealership.*

*Each licensee shall be responsible for all acts of any of their salespersons and a dealer or an agent or employee may not commit any fraud in the execution of, or any material alteration of, a contract, power of attorney or other document incident to a sale or exchange of a vehicle. (21 Del. C. § 6310; 21 Del. C. § 6309 (b)).*

Signature _____	Title _____	Date _____
Print Name _____		Telephone Number _____

Before me personally appeared \_\_\_\_\_ (Dealer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Delaware, \_\_\_\_\_ County

Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ @ \_\_\_\_\_  
Main Phone \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

Job Title \_\_\_\_\_  
Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ @ \_\_\_\_\_  
Main Phone \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

**\*\*Additional pages may be used but will require notary**

Office Use: Document Date \_\_\_\_\_ Clerk \_\_\_\_\_ (cross off unused sections)



## Print On Demand Temporary Tag System Authorized Personnel - Removal

Dealership Name \_\_\_\_\_ Dealership Number \_\_\_\_\_

The personnel noted below are ***NO LONGER*** employees of the above dealership and/or are no longer authorized to act on behalf of the company for purposes of accessing and issuing State of Delaware, Division of Motor Vehicles Print On Demand Temporary Tags. Removal is immediate.

Dealership officer approval to remove personnel. (must be listed on company file at DMV as an officer of the dealership).

Signature _____	Title _____	Date _____
Print Name _____		Telephone Number _____

Before me personally appeared \_\_\_\_\_ (Dealer Name) who  
by me duly sworn under oath says that the statements set forth above are true and correct.  
SUBSCRIBED TO AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_ State of \_\_\_\_\_, \_\_\_\_\_ County

Notary Public

### Remove Dealership Authorized Person(s) Listed Below: Print Full Name

1.) Name \_\_\_\_\_

2.) Name \_\_\_\_\_

3.) Name \_\_\_\_\_

4.) Name \_\_\_\_\_

5.) Name \_\_\_\_\_

Office Use Only  
(cross through unused sections)

Document Date \_\_\_\_\_ Clerk \_\_\_\_\_

## **Disclaimer of Relatives**

The State of Delaware's Code of Conduct limits the private behavior of public employees where it conflicts with public duties. Employees shall not have any interests, financial or otherwise, director or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature that is or may be in conflict with the proper discharge of their duties.

Based upon the Code of Conduct, all owner applicants are responsible for identifying relatives employed by the Delaware Division of Motor Vehicles (Division).

A relative is defined as a direct or indirect connection between persons by blood, marriage, adoption, domestic partnership, or a personal relationship that includes cohabitation or equivalent relationship. It is further defined as spouse, child, parent, stepchild, stepparent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother in-law and sister-in-law. Relatives of domestic partners shall be treated in the same manner as indicated above.

**Please include the employee's name(s), your relationship to the employee(s), and work location(s) of each employee (Delaware City, Dover, Georgetown, or Wilmington) if known. If no relatives, please write "N/A" in the Employee's Name fields.**

_____	_____	_____
Employee's Name	Relationship to Employee	Work Location
_____	_____	_____
Employee's Name	Relationship to Employee	Work Location

I acknowledge that I understand and will comply with this disclaimer by identifying any known relatives of the Division. Every owner must submit a Disclaimer of Relatives form. Additional steps may be required, or outcome may vary, based upon the relationship with the employee.

Owner's Name (Print): \_\_\_\_\_

Owner's Signature/Date: \_\_\_\_\_